

Application Data Sheet**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: DEVICE AND METHOD FOR  
GENERATING INTENSE AND BRIEF  
CONTROLLED VARIATIONS OF  
MAGNETIC PRESSURE IN A SAMPLE  
OF SOLID MATERIAL  
Attorney Docket Number:: 0509-1001  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 5  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: LAURENT  
Middle Name::  
Family Name:: FRESCALINE  
City of Residence:: SAINT-CERE  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 1 RUE SAINT-CYR

City of Mailing Address:: SAINT-CERE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 46400

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: GILLES  
Middle Name::  
Family Name:: AVRILLAUD  
City of Residence:: ST-JEAN-LAGINESTE  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: LA PRAIRIE

City of Mailing Address:: ST-JEAN-LAGINESTE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 46400

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR00/01805	6/28/00

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	99/08771	7/7/99	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::